

MDHHS
Telemedicine Services Database
January 2017

Revenue Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	Comments
0780	GT	Telemedicine		\$0.00	\$0.00	
HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	Comments
90791	GT	Psych Diagnostic Evaluation	P	\$72.90	\$70.52	Note: Rate varies by program see specific fee schedule.
90792	GT	Psych Diag Eval W/Med Srvcs	P	\$81.82	\$79.44	Note: Rate varies by program see specific fee schedule.
90832	GT	Psytx Pt&/Family 30 Minutes	P	\$35.46	\$35.06	Note: Rate varies by program see specific fee schedule.
90833	GT	Psytx Pt&/Fam W/E&M 30 Min	P	\$36.85	\$36.45	Note: Rate varies by program see specific fee schedule.
90834	GT	Psytx Pt&/Family 45 Minutes	P	\$47.15	\$46.75	Note: Rate varies by program see specific fee schedule.
90836	GT	Psytx Pt&/Fam W/E&M 45 Min		\$46.55	\$46.16	Note: Rate varies by program see specific fee schedule.
90837	GT	Psytx Pt&/Family 60 Minutes	P	\$70.72	\$70.33	Note: Rate varies by program see specific fee schedule.
90838	GT	Psytx Pt&/Fam W/E&M 60 Min		\$61.41	\$61.01	Note: Rate varies by program see specific fee schedule.
90846	GT	Family psytx w/o patient	P	\$62.01	NA	Waiver covered service only
90847	GT	Family psytx w/patient		\$59.23	\$58.84	Note: Rate varies by program see specific fee schedule.
90951	GT	ESRD Serv 4 Visits P Mo <2Yr		\$527.54	\$527.54	
90952	GT	ESRD Serv 2-3 Vsts P Mo <2Yr		\$357.11	\$357.11	
90954	GT	ESRD Serv 4 Vsts P Mo 2-11	P	\$455.83	\$455.83	
90955	GT	ESRD Srv 2-3 Vsts P Mo 2-11	P	\$256.14	\$256.14	
90957	GT	ESRD Srv 4 Vsts P Mo 12-19	P	\$360.15	\$360.15	
90958	GT	ESRD Srv 2-3 Vsts P Mo 12-19	P	\$243.66	\$243.66	
90960	GT	ESRD Srv 4 Visits P Mo 20+	P	\$158.48	\$158.48	
90961	GT	ESRD Srv 2-3 Vsts P Mo 20+	P	\$133.12	\$133.12	
90963	GT	Esrd home pt serv p mo <2yrs	P	\$304.68	\$304.68	
90964	GT	Esrd home pt serv p mo 2-11	P	\$266.44	\$266.44	
90965	GT	Esrd home pt serv p mo 12-19	P	\$253.57	\$253.57	
90967	GT	ESRD home pt serv p day < 2		\$10.10	\$10.10	Coverage added 01/01/2017
90968	GT	ESRD home pt srv p day 2-11		\$8.72	\$8.72	Coverage added 01/01/2017
90969	GT	ESRD home pt srv p day 12-19		\$8.52	\$8.52	Coverage added 01/01/2017
90970	GT	ESRD home pt serv p day 20+		\$4.36	\$4.36	Coverage added 01/01/2017
96116	GT	Neurobehavioral Status Exam	P	\$51.51	\$48.34	Note: Rate varies by program see specific fee schedule.
96150	GT	Assess hlth/behav init		\$9.06	NA	
96151	GT	Assess hlth/behav subseq	P	\$8.77	NA	
96152	GT	Intervene hlth/behav indiv		\$8.32	NA	
96153	GT	Intervene hlth/behav group		\$1.93	NA	
96154	GT	Interv hlth/behav fam w/pt		\$8.17	NA	
97802	GT	Medical nutrition indiv in		\$21.10	NA	Waiver covered service only
97803	GT	Med nutrition indiv subseq		\$18.30	NA	Waiver covered service only
97804	GT	Medical nutrition group		\$9.69	NA	Waiver covered service only

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99201	GT	Office/Outpatient Visit New	P	\$24.56	\$15.06	Note: Rate varies by program see specific fee schedule.
99202	GT	Office/Outpatient Visit New	P	\$41.80	\$28.33	Note: Rate varies by program see specific fee schedule.
99203	GT	Office/Outpatient Visit New	P	\$60.42	\$42.99	Note: Rate varies by program see specific fee schedule.
99204	GT	Office/Outpatient Visit New	P	\$91.72	\$72.70	Note: Rate varies by program see specific fee schedule.
99205	GT	Office/Outpatient Visit New	P	\$115.49	\$94.69	Note: Rate varies by program see specific fee schedule.
99211	GT	Office/Outpatient Visit Est	P	\$11.29	\$5.15	Note: Rate varies by program see specific fee schedule.
99212	GT	Office/Outpatient Visit Est	P	\$24.37	\$14.26	Note: Rate varies by program see specific fee schedule.
99213	GT	Office/Outpatient Visit Est	P	\$40.81	\$28.53	Note: Rate varies by program see specific fee schedule.
99214	GT	Office/Outpatient Visit Est	P	\$60.02	\$43.98	Note: Rate varies by program see specific fee schedule.
99215	GT	Office/Outpatient Visit Est	P	\$80.82	\$62.20	Note: Rate varies by program see specific fee schedule.
99231	GT	Subsequent Hospital Care		NA	\$21.99	Note: Rate varies by program see specific fee schedule.
99232	GT	Subsequent Hospital Care	P	NA	\$40.41	Note: Rate varies by program see specific fee schedule.
99233	GT	Subsequent Hospital Care	P	NA	\$58.44	Note: Rate varies by program see specific fee schedule.
99241	GT	Office Consultation		\$26.55	\$18.23	Note: Rate varies by program see specific fee schedule.
99242	GT	Office Consultation		\$49.92	\$38.23	Note: Rate varies by program see specific fee schedule.
99243	GT	Office Consultation		\$68.34	\$53.49	Note: Rate varies by program see specific fee schedule.
99244	GT	Office Consultation		\$102.22	\$85.98	Note: Rate varies by program see specific fee schedule.
99245	GT	Office Consultation		\$124.60	\$106.38	Note: Rate varies by program see specific fee schedule.
99251	GT	Inpatient Consultation		NA	\$27.34	Note: Rate varies by program see specific fee schedule.
99252	GT	Inpatient Consultation		NA	\$41.80	Note: Rate varies by program see specific fee schedule.
99253	GT	Inpatient Consultation		NA	\$64.18	Note: Rate varies by program see specific fee schedule.
99254	GT	Inpatient Consultation		NA	\$93.31	Note: Rate varies by program see specific fee schedule.
99255	GT	Inpatient Consultation		NA	\$112.52	Note: Rate varies by program see specific fee schedule.
99307	GT	Nursing Fac Care Subseq		\$24.96	\$24.96	
99308	GT	Nursing Fac Care Subseq		\$38.63	\$38.63	

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99309	GT	Nursing Fac Care Subseq	P	\$51.11	\$51.11	
99310	GT	Nursing Fac Care Subseq	P	\$76.07	\$76.07	
99354	GT	Prolong E&M/Psyctx Serv O/P	P	\$72.50	\$68.34	
99355	GT	Prolong E&M/Psyctx Serv O/P	P	\$54.68	\$50.71	
99356	GT	Prolonged service inpatient	P	NA	\$51.51	
99357	GT	Prolonged service inpatient	P	NA	\$51.51	
99406	GT	Behav chng smoking 3-10 Min	P	\$8.12	\$6.93	
99407	GT	Behav chng smoking > 10 Min	P	\$15.65	\$14.46	
99495	GT	Trans care mgmt 14 day disch	P	\$91.32	\$61.81	
99496	GT	Trans care mgmt 7 day disch	P	\$129.16	\$89.54	
99497	GT	Advncd care plan 30 min		\$45.76	\$42.99	Coverage added 01/01/2017
99498	GT	Advncd care plan addl 30 min		\$40.02	\$40.02	Coverage added 01/01/2017
G0108	GT	Diab Manage Trn Per Indiv	P	\$29.91	NA	
G0109	GT	Diab Manage Trn Ind/Group	P	\$8.12	NA	
G0406	GT	Inpt/tele follow up 15	P	NA	\$21.59	Service denied without modifier
G0407	GT	Inpt/tele follow up 25	P	NA	\$40.21	Service denied without modifier
G0408	GT	Inpt/tele follow up 35	P	NA	\$57.85	Service denied without modifier
G0420	GT	Ed Svc Ckd Ind Per Session	P	\$60.82	NA	
G0421	GT	Ed Svc Ckd Grp Per Session		\$14.07	NA	
G0425	GT	Inpt/ED teleconsult30	P	NA	\$55.67	Service denied without modifier
G0426	GT	Inpt/ED teleconsult50	P	NA	\$75.67	Service denied without modifier
G0427	GT	Inpt/ED teleconsult70	P	NA	\$112.72	Service denied without modifier
G0436	GT	Tobacco-use Counsel 3-10 Min		\$8.12	\$6.93	Procedure end date 09/30/2016
G0437	GT	Tobacco-use Counsel>10 Min		\$15.45	\$14.46	Procedure end date 09/30/2016
G0459	GT	Telehealth inpt pharm mgmt		NA	\$22.98	Service denied without modifier
G0508	GT	Crit care telehea consult 60	A	NA	\$111.13	Service denied without modifier
G0509	GT	Crit care telehea consult 50	A	NA	\$107.17	Service denied without modifier
Q3014	GT	Telehealth Facility Fee	P	\$23.37	\$23.37	Service denied without modifier

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